
**DRIVING WHILE IMPAIRED (DWI) SUBSTANCE ABUSE
SERVICES REPORT
G.S. 122C – 142.1**

Prepared for:

**NORTH CAROLINA GENERAL ASSEMBLY
JOINT LEGISLATIVE COMMISSION ON
GOVERNMENTAL OPERATIONS**

February 2005

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Abuse
Services**

**DRIVING WHILE IMPAIRED (DWI)
SUBSTANCE ABUSE ASSESSMENT REPORT:
July 1, 2003 – June 30, 2004**

February 2005

HISTORY

This is an annual report to the North Carolina General Assembly, initiated in the 1995 Legislative Session, and required thereafter to be submitted to the Joint Legislative Commission on Governmental Operations. The objective of the report is to provide an overview of Substance Abuse Services provided to DWI offenders, which is a major component of the State's response to the problem of impaired driving.

The report is generated from DWI substance abuse services Certificate of Completion (508-R) forms submitted within the fiscal year ending June 30, 2004 for individuals whose initial assessment occurred after January 1, 1996.

Tables within the report show the demographic characteristics of DWI offenders, with numbers and percentages for gender, race, marital status, education and age (Attachment B). The services recommended and completed are shown by totals and percentages of offenders (Attachment C) referred to each of the defined service levels:

1. Alcohol/Drug Education Traffic School (ADETS)
2. Short-term Counseling
3. Long-term Outpatient Treatment
4. Intensive Outpatient Treatment
5. Inpatient Treatment with Continuing Care
6. Special Service plans for persons whose circumstances prevent participation in one of the other programs.

The list of active facilities is listed by DWI facility code (Attachment E). Also listed are the number of clients completing education (ADETS) and treatment and fees paid to providers by DWI offenders which are compiled and shown as averages for the levels of service (Attachment F).

The statistical sample forming this report amounts to 24,207 persons who meet the criteria stated above (via the Certificate of Completion forms). The number of individuals recommended to education (ADETS) was 19.45% with the remainder of individuals recommended to a level of treatment. Tables in the body of this report show the details of these placements. The demographic characteristics of this population are also shown in detail. Fees charged and collected are tabulated by type of service.

BACKGROUND:

North Carolina has had laws targeting DWI behavior since 1909 and statewide programs aimed at identifying and intervening with the substance abuse problems among DWI offenders since 1980. Evaluations of this effort over the past twenty years have resulted in the refinement of the State statutes and the development of program standards and rules for service providers (effective September 1994).

A review and revision of the rules governing providers of substance abuse services to DWI offenders was conducted in FY 2000. These revised rules became effective on April 1, 2001.

THE REPORT PROCESS:

This report is based on information received from the Certificates of Completion (DMH-508-R) received in fiscal year 2004 (July 1, 2003 – June 30, 2004). The individuals represented are those who completed their services from July 1, 2003 through June 30, 2004.

The individuals represented:

1. Were arrested and convicted of DWI, commercial vehicle DWI, or driving while less than 21 years old after consuming alcohol or drugs;
2. Received a substance abuse assessment in accordance with State law; and,
3. Completed the educational component “Alcohol and Drug Education Traffic School” (ADETS) or a level of treatment recommended by the assessing agency during calendar year 2003.

The DMH 508-R form was originated in 1987 and revised effective January 1, 1996. A single copy of this form is included with this report as **Attachment A**. This form assists in facilitating the removal of the “stop” that is entered on a convicted DWI offender’s driving record by the Division of Motor Vehicles.

Upon completion of required services, an authorized DWI provider forwards the Certificate of Completion (508-R) form to the DMHDDSAS. It is reviewed for accuracy, compliance with State statutes and administrative rules. An original is forwarded to the DMV for further processing.

The Division’s response to G.S. 122C – 142.1 (i) is as follows:

(1) The number of persons required to obtain a certificate of completion during the previous fiscal year as a condition of restoring the person’s drivers license under G. S. 20-17.6.

The following statistical information was obtained from data generated by the Information Services Division of the Administrative Office of the Courts for persons convicted of alcohol-related driving offenses during the 2003-2004 State fiscal year.

CHARGE CONVICTED SFY 2003-2004	
DWI (Levels 1-5)	37,804
DWI (aid and abet)	60
Driving after consuming under age 21	4,808
DWI (commercial vehicle)	31
Habitual DWI*	220
TOTAL	42,923

* Currently offenders convicted of Habitual DWI in North Carolina cannot be re-licensed to operate a motor vehicle.

All persons arrested and convicted of DWI offenses on or after January 1, 1996 are notified by the Division of Motor Vehicles of their obligation to obtain a substance abuse assessment and to comply with the recommendations prior to being eligible for license reinstatement in this or any other state. Persons are also to be notified that if they fail to comply with these intervention sanctions, they may be arrested and charged with the more serious charge of "driving while license revoked". (Prior to January 1, 1996 the chargeable offense was "no operator's license".)

In addition, ratification of S. L. 1997-379 (HB 448) - *AN ACT TO IMPLEMENT THE GOVERNOR'S RECOMMENDATIONS ON DRIVING WHILE IMPAIRED* (effective December 1, 1997) mandated trial judges to include these intervention provisions as a condition of a probationary sentence. In addition to court imposed probationary sanctions or amended orders, offenders must continue to comply with provisions of the administrative system to be licensed to operate a motor vehicle.

(2) The number of substance abuse assessments conducted during the previous year for the purpose of obtaining a certificate of completion.

State law requires offenders to obtain a substance abuse assessment and an intervention service. The DWI Certificate of Completion (DMH 508-R) is forwarded only after both conditions are satisfied. During this report period, 24,207 forms meeting these criteria were forwarded to the DMHDDSAS to be reviewed and processed.

Providers are required in 10A NCAC 27G.3811 (g) to submit an independent Annual DWI Assessment Report for the previous fiscal year. The report includes the status of the client at the time of assessment (pre-trial or post-trial), and the number placed in each level of service. In the Fiscal Year 2003 / 2004 DWI Assessment Report, 63,139

projected DWI assessments were reported and 49% of these individuals were pre-trial at the time of the assessment. It is likely that not all pre-trial individuals were subsequently convicted of DWI. Implementation by the Division of an improved system is expected to significantly improve tracking capabilities. The projected summary findings are as follows:

$$\begin{array}{rcl} \text{Pre-trial} & + & \text{Post-trial} & = & \text{Total} \\ 30,938 & + & 32,201 & = & 63,139 \end{array}$$

(3) Of the number of assessments reported under subdivision (2) of this subsection, the number recommending attendance at an ADET school, the number recommending treatment and, for those recommending treatment, the level of treatment recommended. (see Attachment C)

- 4,708 individuals were referred to ADETS (19.4%)
- 19,499 individuals were referred to treatment (80.6%)

Service Level Recommended	# of Assessments (Based on service completed)	% of Assessments (Based on service completed)
ADET School (Education)	4,708	19.4%
All Treatment Levels		
*Short term	12,121	50.1%
*Long term	5,625	23.2%
*Intensive outpatient	945	3.9%
*Inpatient and continuing care	392	1.6%
*Special services plan	78	0.3%
Unknown	338	1.4%
TOTALS:	24,207	100.00%

*The above levels of treatment are based upon patient placement criteria developed and accepted by the American Society of Addiction Medicine.

Services are based upon minimum formulas of hours and days. For example, the minimum service plan accepted for “short term” treatment is twenty hours of treatment extending over at least thirty days; hence the abbreviation symbol “20/30”. These minimum hour/day combinations apply to each of the treatment levels. “Special Services Plans” are developed for persons who exhibit unusual circumstances. Some key factors to consider about this group of offenders are:

- The highest alcohol content found in this group is 0.34.
- This group of offenders has a mean of 0.14% (over 1.5 times greater than the *legal* definition of impairment (0.08%) in North Carolina).
- 8,338 or 34.4% are convicted of at least one prior offense.

Demographics (Attachment B):

Attachment B documents the demographic characteristics of DWI offenders for fiscal year 2003/2004. The largest group represented in each category is as follows:

- White (66%)
- Males (81%)
- Never married (47%)
- Completed high school or received a GED education (37%)
- **46.4% are between 21 and 34 years of age**
- **14% are between 15 and 20 years of age**

According to the National Highway Traffic Safety Administration (NHTSA), drivers between the age of 21 and 34 are involved in 50% of the alcohol related highway fatalities annually. It is imperative to intervene with this young adult driving population.

(4) Of the number of persons recommended for an ADET School or treatment under subdivision (3) of this subsection, the number who completed the school or treatment.

The chart in **Attachment C** shows the ADETS and treatment levels actually completed as distinct from the level recommended by the assessor. A majority of clients completed at least the level of service that was originally recommended. There are cases where the level of treatment recommended is not readily available. For example, intensive outpatient services are not available in every county of the State. In other situations, a change in clinical circumstances may lead to an adjustment from service level recommended to services actually completed.

The percentages for successfully completing the recommended service levels are as follows:

ADETS – 99.9%

Short term treatment – 99.6%

Long term treatment – 97.5%

Intensive outpatient treatment – 93.3%

Residential treatment followed by continuing care – 83.1%

Administrative rules promulgated by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services specifically require under 10A NCAC .3810(b), *RESPONSIBILITIES OF TREATMENT AND ADETS PROVIDERS*, that “Any facility accepting a transferred case shall provide the level of intervention required by the assessor, unless there is a subsequent negotiated agreement between the assessor and the service provider at which time a corrected DMH-508R shall be completed by the assessor.”

(5) The number of substance abuse assessments conducted by each facility and, of these assessments, the number that recommended attendance at an ADET school and the number that recommended treatment.

The number of assessments conducted by all public and private licensed facilities and subsequent referrals to the various treatment levels are shown in **Attachment D**. Public and private service providers referred 4,705 individuals to the education (ADETS) program and 19,502 to treatment.

Attachment E is an accounting of assessments conducted by each licensed facility for the clients completing in FY2003/2004 and their referrals to ADETS or treatment by the facility DWI authorization number (assigned by DMHDDSAS – Justice Systems Innovations Team).

(6) The fees paid to a facility for providing services for persons to obtain a certificate of completion and the facility's costs in providing those services. (1995, c. 496, ss. 10, 13; 2001-370, s. 9.)

The DWI substance abuse assessment fee is \$100.00 and the fee for the educational program ADETS is \$75.00. Both fees are set by Statute. An additional minimum treatment fee of \$75.00 is also established by Statute. Service providers may charge additional fees for treatment; however, the public system providers may not delay nor deny services due to an inability to pay. All providers are allowed to delay forwarding the DWI Certificate of Completion form (DMH 508-R) to the DMHDDSAS – Justice Systems Innovations Team pending the receipt of fees which the client has agreed to pay. The average amounts of fees charged and received are documented in **Attachment F**.

SUMMARY OF FINDINGS:

- DWI offenders are failing to comply fully with required substance abuse intervention sanctions during the first year of driver license revocation. A statewide tracking system coordinated with the Division of MH/DD/SAS, Division of Motor Vehicles and the Administrative Office of the Courts would be required to determine offender activity. In addition, the development of a "DWI Coordinator" for unsupervised offenders might significantly improve compliance by providing needed information and supervision of requirements.
- Average amounts being charged and paid by offenders for treatment services remain moderate. Further research is required to determine if moderate-low fees are correlated to reduced standards and services.
- 56% of individuals completed a level of treatment or education when compared to the number of individuals convicted of driving while impaired in SFY 03/04. Research indicates that recidivism is higher over a two year period for drivers who have not received treatment / education. This emphasizes the potential benefits and

need for improved compliance by DWI offenders with assessment and treatment / education requirements soon after being charged for impaired driving.